

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032176

FILED
Jan 15, 2008
Secretary of State

Entity Name: NAPLES EYE SURGERY CENTER, LLC

Current Principal Place of Business:

12525 NEW BRITAIN BLVD
FORT MYERS, FL 33907

New Principal Place of Business:

1890 SW HEALTH PARKWAY
105
NAPLES, FL 34109

Current Mailing Address:

12525 NEW BRITAIN BLVD
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 02-0657002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZELLERS, JUDITH
Address: 3925 BONITA BEACH RD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: MCGUIRE, RONALD
Address: 110 COLONIAL ST., SW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Delete
Name: SNEAD, JOHN W
Address: 12525 NEW BRITAIN BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: ROSEN, JAY S
Address: 9050 PITTSBURGH BLVD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN W SNEAD

MEM

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date